

August 2, 2001

DOCKET FILE COPY ORIGINAL

Universal Service Administrative Company Schools & Libraries Division Correspondence Unit-Box 125 80 South Jefferson Road Whippany, NJ 07981 RECEIVED

AUG 2 2001

FCC MAIL ROOM

Re: Fund Year 4 FORM 471-Rejection Letter Appeal

Letter dated July 26, 2001 - CC Docket Nos. 96-45 and 97-21

Applicant's Form Identifier #471-01-94

Dear Schools and Libraries Division:

This letter of appeal concerns the following issues for Paloma School District, entity number 142994. As stated in the instructions on Block 5, page one, copies of the original form were necessary and each completed page was consecutively numbered to assure that all were processed correctly. In an attempt to avoid filling out each numbered page by hand the original page was copied using a computer and filled out with the aid of a spreadsheet. When copied using this method, however, 'FCC Form 471 – October 2000' that appears on the original form in the lower right hand corner was omitted.

I disagree with the decision stated in the rejection letter because the correct OMB-approved FCC Forms were used and all instructions were followed. Copying forms on the computer saves time, both for the applicant and the reader of the application. I feel that since the instructions on Block 5, page one did not specify what method of copying to use, that a rejection of our application is unwarranted due to the fact that correct OMB-approved FCC Forms were indeed used.

Sincerely,

Debbie Munoz

Maricopa County School Superintendent's Office

301 W. Jefferson, Suite 660

Phoenix, AZ 85003

Phone: (602) 506-7912 Fax: (602) 506-3753

E-mail: dmunoz@schools.maricopa.gov

elibie Munos

cc: Enclosures

No. of Copies rec'd CList ABCDE



Universal Service Administrative Company Schools & Libraries Division

Fund Year 4 FORM 471-REJECTION LETTER

July 26, 2001

LANA ABRIGO
PALOMA ELEMENTARY SCHOOL DISTRICT 94
STAR ROUTE 1, BOX 172
GILA BEND. AZ 85337

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AUG 2 º 2001

FCC MAIL ROOM

Re:

Applicant's Form Identifier: 471-01-94

Form 471 Application Number:

Dear Applicant:

This letter is your notification that the entire FCC Form 471, Services Ordered and Certification Form, you submitted did not meet Minimum Processing Standards and cannot be processed. Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it. Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

 The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby, SW; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division
Universal Service Administrative Company

Enclosure:

(1) Form 471

appeals

Correspondence Unit – Box 125, 80 South Jefferson Road, Whippany, NJ 07981 Visit us online at: http://www.universalservice.org

FCC Form 471

Do not write in this area.

3060-0800

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1	Sc	hools and	Libraries	s Unive	rsal Ser		AUG & 2001
	Serv	ices Order	ed and (Certifica	ation Fo	rm 471	FCC MAIL ROOM
		Estimated Aver	_			'S	
Thi ch:	iis form asks schools and librarie arges for them so that the Fund	s to list the eligible	telecommunica	tions-related s	services they h	ave ordered and	d estimate the annual
		ns before beginning t					
App	olicant's Form Identifier:			1 1 m 1 m 2 M 2 M 2 M 2 M 2	Application	and the Administration of the	44
	ate your own code to identify THIS For		<u> </u>	(To be inserte	by Fund Admin	istrator)	
Ble	ock 1: Billed Entit	v Informat	ion				
		illed Entity" is the er		bills for the se	ervices listed o	n this form.)	
1	Name of Billed Entity (30 chara				School Dis		
						. 1.	994 148749 N
2	Funding Year: July 1, 2001 thr			S Entity N	umber (up to 1	0 digits) / TX	177-140/49
4a	Street Address, P.O. Box,	Star Route 1	, Box 172	 			
Ì	or Route Number						
l	City Gila Be	end	State	AZ	Zip Code	85337	
b	Telephone Number (10 digits +	ext.)	(520) 683	- 2588 ext			
С	Fax Number (10 digits)		(520) 683	- 2093			
d	E-mail Address (50 characters	max.)	lana.palon	napo@ma	ricopa.k12.	az.us	
5	Type of Application	School	(public or non-p				
•	igstyle igytyle igytyle igytyle igytyle igytyle igytyle igstyle igytyle igytyle igytyle igytyle igytyle igytyle igstyle igytyle	School District	(LEA; public or	non-public (e.g.	diocesan) local	district representin	g multiple schools)
		Library	(library (i.e. outle		**		
		Consortium	Check here if	any members of th	is consortium are ine	ligible non-governmen	tal entities.
6a	Contact Person's Name	Lana Abrigo		414.1		4 .4	
	First, fill in every item of the C Then check the box next to the						
L		T T T T T T T T T T T T T T T T T T T	contact. (At ice	ot one box in	00. 00 0,100,		
b	Street Address, P.O.						
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	City		State		Zip Code		
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	Number148749	Applicant's Form Ide	Applicant's Form Identifier471-01-94					
Contac	ct PersonLana Abrigo	* *	(520) 683-2588					
BIO	ock 3: Impact of Services Ordered in THIS A	nnligation						
g F	Please provide your best estimate of the number of people who wild districts complete 8a. Libraries complete 8b. Consortia complete 8	Il be served by all of t	the services ordered in THIS Fo	orm 471. Schools/school				
а	Number of students to be served 78 b Number	er of library patrons to be	served					
9 7	The following questions seek summary outcome information base only those rows that are relevant to THIS application.	ered in this Form 471 application	on. Please complete					
<u> </u>	F THIS APPLICATION INCLUDES		BEFORE ORDER	AFTER ORDER				
a ((Schools/districts/consortia only) Telephone service: How many classrooms had phone	service before and after you	ur order?	8				
b H	High-bandwidth voice/data/video service: How many buildings served before and after y	our order?	4	4				
c H	High-bandwidth voice/data/video service: Highest speed to a building before and after you	our order?	56K	T1				
d D	Dial-up Internet connections: How many before and after your order?		0	0				
e D	Dial-up Internet connections: Highest speed before and after your order?		0	0				
f D	Direct connections to the Internet: How many before and after your order?		1	1				
g C	Direct connections to the Internet: Highest speed before and after your order?		56K	T1				
h Ir	internet access (for schools): How many rooms have Internet access before and after you	our order?	12	12				
i l	internet access (for libraries): How many buildings have Internet access before and after	r your order?	n/a	n/a				
j þ	internet access: How many computers (or other devices) with Internet access before an	id after your order?	3	3				

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

• If you are filing as a school or a school district, use Worksheet A (page 3a).

Other technology outcomes: (please specify):

- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

n/a

n/a

Intity Number148749		Applicant's Forr Phone Number _		471-01-94_ 520) 683-2588			
Block 4: Discount Calcula				020,000		Mortol	
		ieel A				WORKSI	neet #A\
for Schools/Sch	ool Districts					Page	\ of _\
nstructions: If you are filing a School/School site-specific services and/or	ool District application to determine the weigh	i, use this wo	orksheet to de e discount c	calculate the disco	ount rate for ared services.	2 1 , - 1 - 2	istrator's Use)
 If you are: Applying for discounts ONLY for an indipages as needed. Then use each school's Applying for discounts on services shar Complete all columns 1-8 for all schools in Applying for discounts on different shar 	Entity Number and its disconted by ALL schools in the the district. Then use the Vited services shared by different by dif	ount from Colur district (with Veighted Avera fferent groups	nn 7 to comple or without site ge Discount in of schools (w	te Block 5 site-specificservices a 10c (below) to complith or without site-s	c service to that schoo s well); ete Block 5 for shared s pecific services as we	l. —————services.	FCC N
Complete one worksheet, columns 1-8 PLU	JS 10c, for EACH different	group of schoo	ls sharing a se	vice. Designate this	vorksheet A-1, A-2, A-	3, etc. —	200
0b List entities and calculate discount(s).	. O-bI Di-4-1-4 04	,	0.110/-43	4 E - Pt - Atronolo in	4.407.40		manager of
School District Name:Paloma Elementary				t Entity Number: _			
Name of Eligible School	2 Entity Number	3 Urban or	4 Total	5 # of Students	6 % Students	7 Discount	© 8 <u></u> Weighted Product
•		Rural U or R	# of Students	Eligible for NSLP	Eligible for NSLP (Col. 5 + Col. 4)	% from Discount Matrix	for Calculating Shared Disc (Col. 4 x Col. 7)
Paloma Elementary School District 34	-140749	R	78	78	100%	90%	70.2
	4784						
	97896						
m = 1/26/1	4/						
1100	4						
,							
	•						
							-
Totals for calculating Weighted			78			A Commence	70.2
Average Discount	an investment of the in-			the same and the same	a temperature for the second	Catholic de reserve	70.2

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	ty Num. 148749 Applica. orm Identifier 471-01-94 tact Person Lana Abrigo Phone Number (520) 683-2588												
Instr Make	Iock 5: Discount Funding Request(s) Block 5, page of Funding Request Number) for which you are requesting discounts. Idea as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. (to be assigned by administrator) 15. Contract Number (if available: use "T" if tariffed services												
		of Service (only ON			hand Compating	"MT	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)						
	Teleconni	nunications service	O Internet Acc	ess Oin	iternal Connections		Billing Account Number (e.g., billed telephone number) 80962039						
12	Form 470	Application Nun	n ber (15 digits)	71.47	70000310545			Vendor Sele orm 470 filing)	ection/Contract D	Date (mm/dd/yyyy)	12/15/00	
13		vice Provider		7177	10000310343			Award Date (mm/dd/yyyy)		n/a	12/10/00	
	Identificat	ion Number (9 dig	rits)	14	43018669	19a S	19a Service Start Date (mm/dd/yyyy) 07/01/01						
						19b S	ervice E	nd Date (mm/	'dd/yyyy) (use only f	or "T" or "MTM" s	ervices)	6/30/02	
14	Service Pr	ovider Name		Alltel		20 C	Contract I	Expiration Da	ate (mm/dd/yyyy)		n/a		
21	Descriptio This Servi	on of ce:	description with Attachment # _	an Attachr	ment #, and note note note note note note note note	umber i	in space	provided belo	w			nd names. Label this	
22	Entity/Enti Receiving	ities This Service:	this service :	14874	cific (provided to or 9							Block 4 receiving	
23	Calculatio	ns										The second of th	
	A		ecurring Char		ID			Recurring C			Total Cha	arges	
(tota	Ahly \$ charges I amount per h for service)	B How much of the \$ amount in (A) is ineligible?	C Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	E Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annu recurr	٠, ١	G How much of the \$ amount in (F) is ineligible?	H Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	J % discount (from Block 4 Worksheet)	K Funding Commitment \$ Request (IxJ)	
\$	\$112.00				\$1,344.00		0	0	0	\$1,344.00	90%	\$1,209.60	

Entity Number Contact Person	Number148749Applicant's Form Identifier471-01-94												
Instructions: Us Make as many c	opies of this pag	age for EACH see as necessary,	ervice (Fun and numb	uest(s) Iding Request Num er the completed properties of the completed by e assigned by	ages to assure	that they are	sting discounts.	Block 5, pag	ge <u>2</u>	of 9			
	of Service (only O				15 Contract	Number (if ava	ailable; use "T" if tariffed s			Т	1		
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identificat	ion i vainbe r (a di	gits)	14	43005231	19a Service Start Date (mm/dd/yyyy) 07/01/01								
					nd Date (mm	/dd/yyyy) (use only f	or "T" or "MTM"	services)	6/30/02				
14 Service P	rovider Name		Qwest		20 Contract	Expiration D	ate (mm/dd/yyyy)		n/a		1		
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment #													
23 Calculation	ons	······································									1		
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\$110.00 0 \$110.00 12 \$1,320.00						0	(F minus G)	(E + H) \$1,320.00	90%	\$1,188.00			
	L	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>) } }		

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Entity Number Contact Person	Lana	148749 Abrigo			Applicant's For Phone Number		471-01-94 683-2588					
Instructions: U Make as many o	copies of this page	nge for EACH sees as necessary,	ervice (Fur and numb	uest(s) Iding Request Num er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	je <u>3</u>	of 9		
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14 Service B	rovider Name				19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) Contract Expiration Date (mm/dd/yyyy) n/a							
21 Description This Serv 22 Entity/Entity/Entity	ice: tities This Service:	Attachment # _ a. If the service this service :	A-4 is site-spe 148749	ecific (provided to or	ne site and not	shared by oth	ners), list the Entity		•	m Block 4 receiving		
23 Calculation	-					D	· · · · · · · · · · · · · · · · · · ·		T-4-1 Ob			
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Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program • year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non- recurring (one- time) \$ charges	How much of the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	Total program year pre- discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (Ix J)		
\$400.00	0	\$400.00	12	\$4,800.00	0	0	0	\$4,800.00	90%	\$4,320.00		

Entity Conta	Number ct Person	Lana						471-01-94 683-2588					
Instr Make	uctions: Us as many o	opies of this page	age for EACH se e as necessary,	ervice (Fur and numb	uest(s) Iding Request Num er the completed pa	ages to assure	that they are	sting discounts.	Block 5, pag	je <u>4</u>	of A		
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						19b Service E	nd Date (mm	/dd/yyyy) (use only f	or "T" or "MTM" s	services)	6/30/02		
14	Service P	rovider Name		Qwest		20 Contract	Expiration D	ate (mm/dd/yyyy)		06/30/	02		
21	Description This Servi	on of ice:		with an At	iption of the service tachment #, and no	_		•	osts, plus any i	relevant bra	and names. Label		
22	Entity/Ent Receiving		this service :	1487							n Block 4 receiving		
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Entity Number Contact Person	Lana	148749 a Abrigo			Applicant's For Phone Number		471-01-94 683-2588						
Instructions: Make as man	(to be assigned by administrator)												
_	ry of Service (only O				15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) 16 Billing Account Number (e.g., billed telephone number) 602-256-2428-384B								
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14 Service	Provider Name		Qwest		20 Contract	Expiration D	ate (mm/dd/yyyy)		n/a				
	otion of		with an At	iption of the service tachment #, and no 7				osts, plus any i	relevant bra	and names. Label			
22 Entity/l Receiv	Entities ng This Service:	this service :	1487			-			e entity from	n Block 4 receiving			
23 Calcula		ecurring Char	705		l Non-	Recurring C	harges I		Total Cha	arges			
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\$20.00	0	\$20.00	12	\$240.00	0	0	0	\$240.00	90%	\$216.00			

AUG 2 V 2001
FCC MAIL ROOM

Entity Conta	Number act Person		148749 Abrigo					n Identifier(520)					
Instr Make	Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. FRN:# (to be assigned by administrator) 15 Contract Number (if available, use 'T' if tariffed services, and the services)												
		of Service (only Ol				15 Con	ntract	Number (if ava	ilable; use "T" if tariffed a as described in Instructi	•	3	6-4347683	
	○ Telecomn	iternal Connections				er (e.g., billed telephor		52	0-683-2588				
12	Form 470	Application Nur	nber (15 digits)	9750	50000310720		7 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)					12/15/00	
13	SPIN - Sei	00000010720			Award Date	(mm/dd/yyyy)		01/12/					
	Identificat	43022931	19a Ser	19a Service Start Date (mm/dd/yyyy) 07/01/01									
L						19b Ser	vice E	nd Date (mm.	/dd/yyyy) (use only f	for "T" or "MTM"	services)	6/30/02	
14	Service P	rovider Name		Exault, LI	_C.	20 Cor	ntract	Expiration D	ate (mm/dd/yyyy)		06/30/	02	
21	Description This Servi	on of ice:		with an At	iption of the service tachment #, and no					osts, plus any	relevant bra	and names. Label	
22	Entity/Ent Receiving	ities This Service:	this service :	1487	••			·			e entity from	m Block 4 receiving	
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(tota	hly \$ charges I amount per In for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program • year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual recurring	non- (one-	How much of the \$ amount in	Annual eligible pre-	year pre-		Funding Commitment \$ Request (IxJ)	
	\$0.00	0	\$0.00	0	\$0.00	\$7,871	1.00	0	\$7,871.00	\$7,871.00	90%	\$7,084.00	

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FCC MAIL ROOM

Entity Number Contact Person	Lana	148749 Abrigo					m Identifier(520)	471-01-94 683-2588					
Instructions: Us Make as many co	Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Inake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.												
11 Category	of Service (only Of	NE category should be	checked)		15 Contract Number (if available: use "T" if tariffed conject					000187-009			
— Telecomn	nunications Service	○ Internet Acce	ess 🖭 In	ternal Connections	16 B	illing Ad	count Numb	er (e.g., billed telephon	e number)		n/a		
	Form 470 Application Number (15 digits) 975950000310720						e Vendor Sel orm 470 filing)	ection/Contract I	Date (mm/dd/yyy	у)	12/15/00		
	SPIN - Service Provider Identification Number (9 digits)						Award Date (mm/dd/yyyy)		01/12/	01		
identinicat	143005734						start Date (mm	07/01/01					
					19b S	ervice E	nd Date (mm/	/dd/yyyy) (use only fo	or "T" or "MTM" s	services)	6/30/02		
14 Service Pr	ovider Name	Ikon Office So	lutions T	echnology Sycs.	20 C	ontract	Expiration D	ate (mm/dd/yyyy)		06/30/	02		
21 Description This Servi	n of ce:	You MUST attac	h a descr vith an At	iption of the service achment #, and no					osts, plus any i	elevant bra	and names. Label		
22 Entity/Ent Receiving	ities This Service:	this service :	1487			_				e entity from	n Block 4 receiving		
23 Calculatio	ns		-					-					
		ecurring Char					Recurring C			Total Cha			
A Manual Factor	В	С	D	E		F	G	Н	I	J	K		
Monthly \$ charges (total amount per	How much of the \$ amount in (A) is	Eligible monthly pre-discount	# of months	Annual pre-discount \$ amount for eligible		ual non- ing (one-	How much of the \$ amount in	Annual eligible pre- discount \$ amount	Total program year pre-	% discount (from	Funding Commitment \$ Request		
month for service)	ineligible?	amount	service	recurring charges	ŧ	٠, ١		for one-time charges	discount \$	Block 4	(IxJ)		
	Ž	(A minus B)	provided in program 'year	(C x D)			,	(F minus G)	amount (E + H)	Worksheet)	` '		
\$0.00	0	\$0.00	0	\$0.00	\$15,9	926.40	0	\$15,926.40	\$15,926.40	90%	\$14,333.76		

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AUG 2 º 2001

FCC MAIL ROOM

Contact Person	148749Lana Abrigo				Applicant's Form Identifier471-01-94							
Instructions: Us Make as many o		age for EACH se	ervice (Fur	uest(s) Inding Request Number the completed p			sting discounts.	Block 5, pag	<u>q</u>	of 9		
FRN#			(to:b	e assigned by	/ administi	ator)						
_							15 Contract Number (if available; use 'T' if tariffed services, "MTM" if month-to-month services as described in Instructions) AD990005-002					
○ Telecom	nunications Service	Internet Acc	ess 🔘 Ir	nternal Connections			per (e.g., billed telephor			n/a		
12 Form 470	mber (15 digits)	50000310720	17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing) 12/15/00									
	13 SPIN - Service Provider Identification Number (9 digits)					18 Contract Award Date (mm/dd/yyyy) 01/12/01						
identifical	avii Number (9 di	gits)	1	43005734	19a Service Start Date (mm/dd/yyyy) 07/01/01							
					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/02							
14 Service P	rovider Name	Ikon Office So	lutions T	echnology Svcs.	20 Contract	Expiration D	ate (mm/dd/yyyy)		06/30/	02		
21 Description This Serv	on of ice:	this description Attachment #	with an At		ote number in s	pace provided	below.		······	·		
22 Entity/Ent Receiving	ities This Service:	this service :	1487				•		e entity from	m Block 4 receiving		
23 Calculation	3 Calculations Recurring Charges					-Recurring (Charges	Total Charges				
A	В	С	D	E	F	G	Н	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	recurring (one-	the \$ amount in	Annual eligible pre- discount \$ amount for one-time charges (F minus G)	year pre-	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (IxJ)		
	0	\$0.00	0	\$0.00	\$30,107.00	0	\$30,107.00	\$30,107.00	90%	\$27,096.30		